GROUP INSURANCE COMMISSION

The Executive Office for Administration and Finance
Commonwealth of Massachusetts

Performance Report
Fiscal Year 2013

Dolores L. Mitchell | **Executive Director**

While the GIC's mission, to provide high quality, affordable health and other benefits to state and other public sector enrollees remains essentially unchanged, the means chosen to achieve the mission need constant review to make sure the agency is prepared to meet new challenges. The ever-increasing costs of health care, the significant growth in our membership, and the expanded role of the federal government in determining the basic rules of coverage, have all made the goal more complex and more necessary than ever as the fundamental shifts in the health care marketplace continue.

The transition from a 19th century supply driven cottage industry, to a supply and demand driven model, has accelerated. It is now a system where practitioners, purchasers, payers, and increasingly, patients, are dependent on technology and data. The GIC is committed to the use of data to inform its purchasing decisions, monitor performance and provide relevant information to its members.

There is an old adage that says you cannot serve two masters. That adage cannot—should not—apply to those who work in the public sector. In fact the GIC serves three masters, and arguably a fourth. We serve the administration that is charged with balancing employee and retiree costs against other public goals. We serve our enrollees whose basic health needs have been entrusted to us to provide, and, at the same time, we serve the taxpayers of the commonwealth who pay the largest share of the costs. A fourth master might reasonably be added. Without the willing participation of payers and providers we could never achieve our goals. The measures we have selected to deal with these disparate concerns are described in the pages that follow, along with the metrics we have chosen to measure our progress.

Dolores L. Mitchell
Executive Director

As an organization affiliated with the Executive Office of Administration and Finance (A&F), the Group Insurance Commission's goals reflect and bolster the commitments of A&F to deliver Better Finance, Better Health Care, Better Performance and Better Government.

This report was developed pursuant to Executive Order 540, Governor Patrick's directive to embed strategic planning and performance management across state government. The Group Insurance Commission's FY13 Performance Report describes progress achieved against the goals set out in its 2013-2015 Strategic Plan.

Please send feedback regarding this report to: gicpublicinfo@state.ma.us

Incorporate payment reform into the procurement process

With the 2013 procurement completed, the health plans have committed to achieving the goals laid out for them, which are a more rigorous variation of Chapter 224 and the Affordable Care Act. The GIC has set up work groups that meet monthly to support the plans in making this transition.

Empower consumers to make informed decisions when selecting health care providers

A workgroup selected the term, *Centered Care* and a corresponding logo, to be used in member communications related to the Integrated Risk Bearing Organization initiative. The Centered Care theme has been and continues to be incorporated into the newsletters and websites of the GIC and its health plan partners.

Enhance use of technology to improve efficiency, streamline internal processes and enhance the customer experience

The GIC recently implemented several new system upgrades that will enhance our customer experience. We completed and installed a new correspondence tracking system that enables the GIC to utilize an electronic repository and eliminate paper usage as well as respond to inquiries in a more efficient manner. We also installed a new billing system that combines seven types of bills into one common bill. Now, the enrollee – for example, an employee on leave – receives one bill for all products. This change has cut down on postage and paper usage, and made it easier for the enrollee in that they need only make one payment for all products.

We implemented a new website called myGIC which allows enrollees with GIC coverage to view their benefits online. The new portal displays up-to-date information and provides the enrollee the opportunity to print out a Benefit Statement at any time.

As part of a program with the State Treasurer's office, the GIC acquired a check scanning machine that allows us to scan and deposit all checks at the GIC, eliminating the need for someone to physically go to the bank each day to make a deposit. The process is now streamlined with one person processing all the checks and a daily report informing the appropriate people in the office that payment has been received.

Expand WellMASS employee wellness programs

While onsite programming continues to exceed expectations, participation in the Health Assessment – a self-assessment tool of health status – has not reached the level the GIC hoped to achieve.

Improve customer service for enrollees

The GIC is in the process of developing a survey for our members with plans to release it in March 2014.

As health plans and providers are our customers as well, the GIC introduced a new report as part of the Clinical Performance Improvement Initiative. The report better explains a specialist's quality and efficiency scores, provides consolidated information on the tiers to which they have been assigned by each of our six health plans, and identifies the areas in which the provider could improve.

PERFORMANCE DASHBOARD

STATUS LEGEND							
On Target (>= Target)	🟢	Close-to-Target (>= 80-99%)	🔻	Off Target (<80% of Target)	🟥	Not Applicable (N/A)	-
Note: Descriptions for performance measures can be found on page 7							

AGENCY GOAL	MEASURE	CURRENT (FY13)	PRIOR (FY12)	TREND	TARGET	STATUS	COMMENTS
A&F GOAL: BETTER HEALTH CARE							
Incorporate payment reform into the procurement process	% of GIC members covered in IRBOs	-	-	-	10% of GIC lives by end of FY14; 50% of GIC lives by end of FY15	-	IRBO implementation does not begin until FY14
	% of claims paid under alterative payment methods (not fee-for-service)	-	-	-	-	-	Part of the IRBO process - implementation begins in FY14
Empower consumers to make informed decisions when selecting health care providers	# of enrollees who choose specialists with highest cost efficiency and/or quality scores	-	-	-	-	-	Unable to report data at this time - data only exists at health plan; need to gather and aggregate information from health plans
	# of physicians scored through CPII	13,125	12,752	Stable	no decrease versus prior	🟢	Includes some Primary Care Physicians who are tiered in FY13; GIC no longer tiers PCPs beginning in FY14
	# of specialties tiered through CPII	20	20	Stable	no decrease versus prior	🟢	
	% of GIC members enrolled in limited network products	17%	18%	Stable	20%	🔻	Data is for non-Medicare enrollees
	# of practices seeking medical home status through accreditation	42	22	Improving	increase over prior year	🟢	Includes practices seeking level 3 accreditation and those already accredited

AGENCY GOAL	MEASURE	CURRENT (FY13)	PRIOR (FY12)	TREND	TARGET	STATUS	COMMENTS
	# of GIC enrollees in medical homes	19,659	14,348	Improving	increase over prior year	🟢	
Expand WellMASS employee wellness programs	% of eligible GIC enrollees participating in WellMASS	5.7%	-	-	15%	🟥	Includes only those that have taken the Health Assessment; no data for FY12, program began in FY13
	# of participants at wellness events	2,670	-	-	5,000	🟥	204 onsite events throughout the year; no data for FY12, program began in FY13
	% of participants who reduced their number of risk factors based on Health Assessment results	-	-	-	-	-	No information until population re-takes the health assessment; data available in February 2014 after completion
A&F GOAL: BETTER GOVERNMENT							
Improve customer service for enrollees	# of hits on GIC's website	9,318 average per month	-	-	9,500 average per month	🔽	7,624 average unique visitors per month; 107,074 average pages viewed per month. No data for FY12, began collecting this data FY13 - average is based on 10 months of data
	% of survey respondents reporting a positive customer service experience	-	-	-	-	-	Survey scheduled for FY14
	# of complaints	1,757	1,831	Stable	< 2,000	🟢	These are written complaints only for the fiscal year; unable to track phone calls and emails at this time

AGENCY GOAL	MEASURE	CURRENT (FY13)	PRIOR (FY12)	TREND	TARGET	STATUS	COMMENTS
	Average time to respond to a complaint	-	-	-	-	-	Unable to track at this time; new system being rolled out which will allow for tracking in FY15
Improve relationship management with health plans and providers	% of new contractors GIC meets with (within 30 days of awarding contract) to review expectations	100%	100%	Stable	100%	🟢	
	# of health plans met with twice a year	8	8	Stable	8	🟢	Includes mental health and pharmacy benefit administrators
	# of yearly meetings between GIC and provider organizations	10	7	Improving	15	🟥	
A&F GOAL: BETTER PERFORMANCE							
Enhance use of technology to improve efficiency, streamline internal processes and enhance the customer experience	% of survey respondents reporting a positive experience with new technology systems	-	-	-	-	-	GIC did not have the resources to conduct survey, but plans to pursue its roll-out in the future
A&F GOAL: BETTER FINANCE							
Place emphasis in procurement on fiscal constraint	# of plans that adhere to financial goals as enumerated in procurement docs	-	-	-	6	-	Goals take effect in FY14

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

GOAL	CHANGE, ADDITION OR DELETION EXPLANATION
Enhance existing technology to improve efficiency, streamline internal processes and enhance the customer experience	Change: replaced the word *existing* with *use of* to reflect that the GIC is using new technology as well as existing technology to achieve this goal.
Ensure all GIC regulations are clear, comprehensive and timely	Although this remains an important goal, there are no metrics to define the GIC's progress. As a result, this goal does not appear on the dashboard.

MEASURE DESCRIPTIONS

GOAL	MEASURE	DESCRIPTION	SOURCE
Incorporate payment reform into the procurement process	% of GIC members covered in IRBOs	This measure tracks the percent of GIC non-Medicare Massachusetts covered lives in an Integrated Risk-Bearing Organization (IRBO). IRBOs are characterized by better integrated care delivery and alternative payment models not solely based on fee-for-service reimbursements.	Health plan
	% of claims paid under alterative payment methods (not fee-for-service)	This measure tracks the percent of claims paid under alternative payment methods in which health plans pay providers in ways that target quality, not quantity of care. Examples include shared risk and shared savings arrangements, bundled payments and global payments.	Health plan
Empower consumers to make informed decisions when selecting health care providers	# of enrollees who choose providers with highest quality cost efficiency and/or quality scores	This measure tracks the number of members who chose providers with the highest cost-efficiency and quality scores as part of the Clinical Performance Improvement (CPI) Initiative. These members have lower out-of-pocket costs.	Health plan
	# of physicians scored through CPII	This measure tracks the number of physicians in MA scored through the Clinical Performance Improvement (CPI) Initiative. Enough data has to be available for physicians to be scored accurately and placed into one of three tiers.	Health plan
	# of specialties tiered through CPII	This measure tracks the number of physician specialties (e.g., cardiologists) tiered through the Clinical Performance Improvement (CPI) Initiative.	GIC
	% of GIC members enrolled in limited network products	This measure tracks the percent of non-Medicare GIC members in limited network plans. These plans have the same benefits as larger plans, but	GIC

GOAL	MEASURE	DESCRIPTION	SOURCE
		have fewer providers; their premiums are approximately 20% lower.	
	# of practices seeking medical home status through accreditation	This measure tracks the number of practices seeking medical home status through accreditation. Accredited Medical homes offer a care model that is patient-centered, team-based, coordinated, accessible and follow certain standards for IT infrastructure.	Health plan
	# number of GIC enrollees in medical homes	This measure tracks the number of GIC enrollees in medical homes; the GIC's goal is to increase the number of enrollees to 10,000.	GIC
Expand WellMASS employee wellness programs	% of eligible GIC enrollees participating in WellMASS	This measure tracks the percent of eligible enrollees participating in WellMASS, the state's wellness pilot program launched in Mar '12. Active state employees working in the executive branch, constitutional offices and the legislature, and early state retirees ages 55 to 64 and their spouses who are enrolled in a Group Insurance Comm. Health Plan are eligible to participate.	GIC
	# of participants at wellness events	This measure tracks the number of people attending on-site wellness events. The GIC will continually work to increase the number of people participating in the wellness program.	GIC
	% of participants who reduced their number of risk factors based on Health Assessment results	This measure tracks the percent of participants who reduced their high-risk factors, according to the results of the annual Health Assessment, a self-assessment tool of health status.	StayWell
Improve customer service for enrollees	# of hits on GIC's website	This measure tracks the number of page hits on http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/oversight-agencies/gic/.	GIC

GOAL	MEASURE	DESCRIPTION	SOURCE
	% of survey respondents reporting a positive customer service experience	This measure tracks the percent of customer survey respondents reporting a positive experience. GIC plans to conduct its satisfaction survey in FY14 and will report future data collected.	Survey Monkey or other survey tool
	# of complaints	This measure tracks the number of written customer complaints by plan and type to determine whether there are trending issues.	GIC
	Average time to respond to a complaint	This measure tracks the average time it takes to respond to customer complaints. GIC aims to resolve all complaints within 30 days.	GIC
Improve relationship management with health plans and providers	% of new contractors GIC meets with (within 30 days of awarding contract) to review expectations	This measure tracks the percent t of new contractors GIC meets with, whether directly with GIC staff or via GIC consultants, within 30 days of contract award.	GIC
	# of health plans met with twice a year	This measure tracks the number of health plans GIC meets with twice a year.	GIC
	# of yearly meetings between GIC and provider organizations	The measure tracks the number of yearly meetings between GIC and provider organizations such as the MA Medical Society and MA Hospital Association, or with providers directly.	GIC
Enhance existing technology to improve efficiency, streamline internal processes and enhance the customer experience	% of survey respondents reporting a positive experience with new technology systems	This measure tracks the percent of survey respondents including health plans, GIC coordinators and internal users, who reported a positive experience with GIC's new technology systems. GIC did not have the resources to complete this survey in FY13, but plans to pursue its roll-out in the future.	GIC

GOAL	MEASURE	DESCRIPTION	SOURCE
Place emphasis in procurement on fiscal constraint	# of plans that adhere to financial goals as enumerated in procurement docs	This measure tracks the number of health plans that have followed the spending targets of no more than 2% increases in FY14 and FY15, flat in FY16 and -2% in FY17 and FY18, as laid out in the health plan procurement GICPND1301.	Health plan